

# Newborn Screening

## Clinical Testing List of Services

For tests not listed, please contact the Laboratory at  
1-800-821-7284 for availability.

### Newborn Screening Panel

Specimen Requirements: Dried blood spots. See specific instructions on page 43.

Transport Temperature: Ambient  
**Total Price: \$91.70**

**Acylcarnitine Disorders** by Tandem Mass Spectrometry (MS/MS)

CPT Code: 82017

#### Fatty Acid Oxidation Disorders

Price: \$11.75

**CUD** Carnitine uptake defect

**LCHAD** Long-chain L-3-hydroxyacyl-CoA-dehydrogenase deficiency

**MCAD** Medium-chain acyl-CoA dehydrogenase deficiency

**TFP** Trifunctional protein deficiency

**VLCAD** Very long-chain acyl-CoA dehydrogenase deficiency

#### Organic Acidemia Disorders

**HMG** 3-Hydroxy-3-methylglutaryl-CoA lyase deficiency

**3MCC** 3-Methylcrotonyl-CoA carboxylase deficiency

**BKT**  $\beta$ -Ketothiolase deficiency

**GA I** Glutaric acidemia type I

**IV A** Isovaleric acidemia

**Cbl A,B** Methylmalonic acidemia (Cbl A and B)

**MUT** Methylmalonic acidemia (mutase deficiency)

**MCD** Multiple carboxylase deficiency (MCD)

**PROP** Propionic acidemia

**Amino Acid Disorders** by Tandem Mass Spectrometry (MS/MS)

CPT Code: 82136

**ASA** Argininosuccinic aciduria

Price: \$4.65

**CIT** Citrullinemia

**HCY** Homocystinuria (due to CBS deficiency)

**MSUD** Maple syrup urine disease

**TYR I** Tyrosinemia type I

|                           |  |   |                                   |
|---------------------------|--|---|-----------------------------------|
| <b>PKU</b>                | <b>Phenylketonuria</b>   | CPT Code: 84030   | Price: \$11.80                    |
| <b>BIOT</b>               | <b>Biotinidase deficiency</b>  | CPT Code: 82261   | Price: \$6.00                     |
| <b>GALT</b>               | <b>Classic galactosemia</b>  | CPT Code: 82775   | Price: \$12.88                    |
| <b>CAH</b>                | <b>Congenital adrenal hyperplasia</b><br>(21-hydroxylase deficiency) | CPT Code: 83498   | Price: \$11.50                    |
| <b>CH</b>                 | <b>Congenital hypothyroidism</b>                                     | CPT Code: <b>(T4)</b> 84437<br>CPT Code: <b>(TSH)</b> 84443 | Price: \$11.50<br>*Price: \$10.12 |
| <b>CF</b>                 | <b>Cystic Fibrosis</b> (IRT)   | CPT Code: 83516   | Price: \$11.50                    |
| <b>Hemoglobinopathies</b> |  | CPT Code: 83020   | Price: \$10.12                    |
|                           | <b>Hb S/Th</b> Hb S/ $\beta$ -thalassemia                            |   |                                   |
|                           | <b>Hb S/C</b> Hb SC disease  |   |                                   |
|                           | <b>Hb SS</b> Hb SS disease (Sickle cell anemia)                      |   |                                   |
| <b>HPLC</b>               | for hemoglobinopathy   | CPT Code: 87143   | *Price: \$33.00                   |

Turn Around Time: 2 - 5 days. **Abnormal results are telephoned and faxed to the submitter.** *These tests are ordered and billed as a panel. Under special circumstances these tests may be ordered separately. Contact the Public Health Laboratory for further information.*

**Note:** Reflex confirmatory TSH testing is performed on all T4 results that are less than 10 ug/dL

Reflex confirmatory HPLC testing is performed on all abnormal hemoglobinopathy screens.

Acylcarnitine and Amino acid disorders testing by MS/MS is referred to the Wisconsin State Newborn Screening Laboratory.

\*Not included in total cost of routine testing panel.